SECTION C -
LOCAL PROVIDERS
INTENDED USE PLAN

Allegany County
Intended Use Plan

Allegany County Mental Health System's Office (CSA)
Projects for Assistance in Transition from Homelessness (PATH)
Intended Use Plan Federal FY'10 (State FY 2011)

1. Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, services provided by the organization and region served. The Allegany County Mental Health System's Office (MHSO (CSA)), a division of the Allegany County Health Department, is a PATH provider. As mandated by legislation, this agency plans and provides linkages to mental health services in Allegany County and, when indicated, delivers services.

As a rural community, Allegany County has experienced a decrease in population to 72,238 (2008 estimate) and has an older than average population.[1] The unemployment rate in Allegany County continues to be high and the percentage of persons below the poverty level is higher than state averages. The percentage of persons below the poverty level (2009 U.S. Census Bureau quick facts figures) is 15.3% compared with the state level of 8.2%. Allegany County's per capita income ($20,729) is 60.0 % of Maryland's Per Capita Income ($34,508) and 75.5% of the U.S.'s per capita income ($27,466).

Allegany County continues to see homelessness as a growing issue. What was once primarily a problem for single adults, especially those with legal charges, is now being seen more frequently among families with children. To address homeless issues for individuals with mental illness in both of these populations, the program must work closely with the Allegany County Maryland Community Criminal Justice Treatment Program, Compass House (crisis/ respite beds), the Western Maryland Regional Medical Center- Inpatient Behavioral Health and Emergency Mental Health Services Units, as well as with local shelters serving individuals and families.

2. Indicate the amount of PATH funds the organization will receive. Allegany County CSA will receive $54,955. Costs included in the budget cover salary and fringes for a 1.0 FTE staff person; $2,000 in purchase of care funding to assist with security deposits, first months rents, eviction prevention; and minimal allowances for travel, equipment, supplies, etc. Indirect costs are limited to the allowable 4%. The title for this position is Mental Health Associate I. A detailed budget is attached. Projections indicate program funds for SFY 2010 will be fully expended.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:
a. The projected number of enrolled clients who will receive PATH funded services in FY 2010. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e. living outdoors or in an emergency shelter rather than at imminent risk of homelessness) – The number of clients to be served through PATH is 40. The projected percentage of persons to be served that will "literally" be homeless is approximately 50%.

b. List Services to be provided using PATH funds: The focus of the Allegany County PATH program will be to serve individuals with mental illness who are homeless or at risk of homelessness with priority services being directed toward individuals being released from the Allegany County Detention Center or

[1] Source: US Census Bureau, Population Division and ePodunk.com, Brief Economic Facts: MD Dept. of Business and Economic Development

Maryland Department of Corrections, Compass House (crisis/ respite service), Western Maryland Regional Medical Center- Inpatient Behavioral Health or Emergency Services Unit, and local shelters. The focus of services for individuals leaving institutional settings will be on successful reintegration into the community. Referrals between the MCCJTP and the PATH program are expedited because the MCCJTP case manager is on-site at the Allegany County Detention Center (ACDC) 40 hours each week so individuals needing PATH services are easily identified. The PATH staff person also makes regular visits to the detention center to consult with MCCJTP staff, to review referrals, and to meet with referred individuals regarding PATH services. Additionally, the MHSO (CSA) maintains a cooperative, collaborative relationship with the regional medical center, state psychiatric hospital and local mental health providers. Staffs from each of these organizations meet regularly to formulate, coordinate and initiate appropriate aftercare services for consumers including exploring/making arrangements for emergency shelter/housing for the homeless. Services also target individuals living on the streets, in homeless shelters and other non-permanent housing. Frequent contact between PATH staff and the shelters will occur to ensure timely referrals. At a minimum, specific services and activities will include:

- **Outreach Services** – PATH staff will continue outreach services as a non-threatening, flexible approach to engaging and connecting people to needed services. Staff will work with individuals and local mental health providers to determine the service eligibility of individuals identified through outreach efforts. Individuals not meeting program eligibility will be referred and linked to other community resources, as appropriate.

- **Screening and diagnostic treatment services** – PATH staff will meet with potential PATH eligible referrals and assess their specific needs. Efforts will be made to provide them with information that will assist them in accessing those community services and resources that will support them in meeting their individualized needs.

- **Staff training** – PATH staff will continue working relationships with the various community agencies to facilitate program awareness and encourage referrals.

- **Case Management** – PATH staff will make efforts to assist clients in linking with those community services that will support them. Clients will be offered information about available mental health services, addictions treatment services, housing contacts, referral to appropriate entitlement resources, etc.

- **Supportive and Supervisory services in residential settings** – Staff will provide oversight and support services to individuals participating in the PATH Program.

- **Referrals for primary health services, job training, educational services, and relevant housing services** – The PATH staff person maintains professional relationships with an array of community agencies that are potential referral resources. In order to meet the individualized needs of clients, referrals may be made to DORS, Goodwill Industries, Social Security Administration, mental health and substance abuse providers, the Governor's Wellmobile, Allegany County Health Right, Allegany County Health Department, area food pantries, Allegany County Department of Social Services, the county housing authority, and Family Crisis Resource Center, to name a few. This continues to be a challenging population to serve. It is not uncommon for some to be at risk of re-incarceration or re-hospitalization. Therefore, efforts are

Anne Arundel County
Intended Use Plan

Anne Arundel County Mental Health Agency, Inc

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Sponsor of Anne Arundel County's information website: www.networkofcare.org

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Anne Arundel County
Projects for Assistance in Transition from Homelessness (PATH)
Federal Fiscal Year 2010 (State FY 11)
Intended Use Plan

1. Provide a brief description of the provider by organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Anne Arundel County Mental Health Agency, Inc. (AACMHA) serves individuals who have mental illness and substance abuse problems in Anne Arundel County from childhood to the geriatric stages of life. AACMHA is dedicated to ensuring that Medicaid recipients and other low-income, non-insured county residents who meet certain criteria have access to a wide-range of quality mental health services. Many of the individuals served have psychiatric disabilities and are homeless or in danger of being homeless; others are in jail but could be appropriately served in the community. These individuals have histories of trauma, including being deaf or hard of hearing, victims of natural or man-made disasters, and veterans who have behavioral health needs.

The Anne Arundel County Mental Health Agency has recently become the liaison for the SOAR (SSI/SSDI Outreach and Recovery) program in Anne Arundel County and reports to the state on a monthly basis. One of the employees at the Agency acts as the Team Leader of the SOAR trained individuals who assist with program data collection. The liaison's activity has increased and now encompasses about 35% of her hours at the Agency. The SOAR liaison participates in as many meetings as possible to market the SOAR program and recruit new SOAR team members, as well as conducting training for prospective SOAR participants. Since January, the SOAR liaison has recruited thirty-four participants. Participation in more County meetings will ensure additional recruits.

2. Indicate the amount of PATH funds the organization will receive.

The AACMHA will receive $48,100 in PATH funding.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a. The projected number of enrolled clients who will receive PATH-funded services in Federal Fiscal Year (FFY) 2010. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

Because of the instability of our economy, it is impossible to predict the number of homeless that will be served, but we are *hoping* to serve 80 individuals through outreach, 60% literally homeless and 40% who are at risk of imminent homelessness in the current Federal Fiscal Year.

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Typically, a homeless and/or uninsured individual who is homeless and mentally ill will go to the emergency room to get warm, to rest, and be assessed by a doctor regarding his/her mental health needs. The individual may stay from three to seven days before being released. The individual then returns to the streets until it becomes intolerable again and repeats the cycle.

With the PATH/SOAR program we are predicting that up to 80 individuals will get services, the insurance and/or supplemental income needed, and housing to get them back on their feet and out of the emergency rooms, saving our hospitals a tremendous amount of money in the long term.

b. List services to be provided using PATH funds.

Those served using PATH funds are the homeless who have psychiatric and co-occurring disabilities. The services to be provided with the PATH funded PATH/SOAR Counselor and SOAR liaison includes the following:

- Assistance with SSI/SSDI and other services available through the SOAR process
- Linkage to community mental health resources and case management resources
- Outreach to homeless and individuals who are mentally ill in shelters, jails, tent cities, emergency rooms and crisis centers
- Emergency shelter arrangements
- Emergency transportation arrangements
- Linkage to intensive outpatient treatment
- Linkage to transitional housing

c. Community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations.

Crisis Outreach Team of Anne Arundel County (COTTA)

COTTA is an array of services provided by community-based, mobile mental health treatment teams. Their mission is to promote, develop, and support high quality assertive community treatment services that help improve the lives of people diagnosed with serious and persistent mental illness. The PATH/SOAR Counselor will utilize all of the available county services, including, but not limited to, all the services listed on the Network of Care (www.networkofcare.org) for Anne Arundel County. The Network of Care is updated quarterly to maintain a comprehensive and current listing of resources. The AACMHA is constantly marketing the Network of Care as a universal resource to all residents and providers within the county. Public access is available through the local libraries and malls. Part of the responsibilities of the SOAR liaison will be to introduce and inform the homeless population about this resource.

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PACT Program for Assertive Community Treatment
The Program for Assertive Community Treatment is an approach that requires a multidisciplinary team of social workers, psychiatrists, nurses and other mental health professionals who are available 24/7. The philosophy of the model is to empower adults with serious mental illness, assisting them to recognize their strengths and learn to live, socialize and work in their communities.

People Encouraging People
People Encouraging People is a non-profit behavioral healthcare corporation dedicated to providing life-transforming rehabilitation and support services to people in Baltimore who are disabled or disadvantaged

On Our Own
Consumers themselves can create their own network of support groups to provide alternative types of services to the traditional mental health system. One of the main activities of the local On Our Own groups is to provide peer-operated support meetings to the members.

The PATH/SOAR counselor will collect assessments and link mental health case management services to adults and children living in homeless shelters. Services include individual supportive counseling, therapy sessions, interagency meetings, family meetings, social events, community integration activities and linkage to entitlements. The plan is to house the individual as quickly as possible after the SOAR application is initiated.

d. Gaps in current service system.

Currently, Anne Arundel County lacks the housing and transportation requirements to service the homeless population. The immediate need is for shelter beds, rapid turnaround diagnostic centers/treatment centers for the homeless. The PATH/SOAR counselor and the SOAR liaison will help to facilitate access to existing resources and serve on committees whose mission is to identify gaps in service and obtain funding to help improve the quality of life for this much underserved population.

e. Services available for clients who have both a serious mental illness and substance use disorder.

Chrysalis House
Chrysalis House is a drug and alcohol treatment facility for women and their children. This carefully structured treatment program addresses the many interrelated problems of a female addict. Chrysalis House heals and strengthens each woman for her return as a fully functioning member of society. When a woman successfully completes the 12 month program, she typically has been drug and alcohol free, is fully employed or enrolled in a job training program or in school, and has a place to live. By allowing mothers and children to live together at the facility, Chrysalis House is able to intervene in the cycle of addiction and help keep families together.

Hope House
Hope House is a residential drug/alcohol treatment facility for adult men and women over the age of 18. Hope House encompasses three levels of care: Inpatient detoxification on a limited basis, intermediate or short-term treatment, and extended or long-term treatment. Individuals are assessed utilizing the American Society of Addiction Medicine's Patient Placement Criteria

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2R (ASAM PPC-2R) to determine the appropriate level of care based upon individual circumstances and need. The program is funded by the State of Maryland, Anne Arundel County and private donations. Individuals are charged based on a sliding fee scale. Limited private insurance and Medicaid insurances are accepted.

S.A.F.E. House
Admission is available to adult males with a primary diagnosis of Substance Abuse Disorder, who meet placement criteria defined by ASAM. They must be capable of self care and be substance free, physically and mentally able to seek and maintain employment, and able to be financially responsible for fees. Individuals must be referred by a professional addiction counselor from an Intermediate Care Facility, Intensive Outpatient Program or Jail-Based Substance Abuse program.

Vesta, Inc., OMNI House, Arundel Lodge, Psychotherapeutic Services
These programs provide co-occurring residential and outpatient services specifically for chronically mentally ill individuals who may or may not have a substance abuse problem. They provide residential day treatment, and outpatient residential care.

First Step, Inc. (FSI)
FSI uses a multi-disciplinary approach to work with individuals and families as well as the community-at-large to solve problems caused by family conflict, substance abuse and other challenging issues of today.

Baltimore Washington Medical Center (BWMC)
This hospital offers emergency room evaluation for psychiatric patients with referral services, if psychiatric hospitalization is required. BWMC also has a small psychiatric in-patient facility.

Anne Arundel Medical Center (AAMC)
AAMC offers psychiatric evaluation in the emergency room with referral services for psychiatric hospitalization, if required.

f. Strategies for making suitable housing available to PATH clients, (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).

Anne Arundel County has four major providers of housing for individuals with chronic mentally illness. A limited number of crisis beds are available as part of the overall provider network. The Agency oversees the Supported Housing Opportunities and Shelter Plus Care and will use the TCAP, Housing Commission of Anne Arundel County, Supported Housing Developers, Flexible Funds for Adults, On Our Own and People Encouraging People.

The Anne Arundel County Mental Health Agency is on the board of the Co-Occurring Disorders Steering Committee and the Anne Arundel and Annapolis Community Partnership to End Homelessness. The Agency also uses the TAY Program and Flexible Funds for Adults. Recently, www.mdhousingsearch.org has been added as a resource for housing.

The PATH/SOAR counselor will collect assessments and link mental health case management services to adults and children living in homeless shelters. Services include community integration activities and linkage to entitlements. The plan is to house the individual as quickly as possible after the SOAR application is initiated.

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4. **Describe the participation of PATH local providers in the HUD Continuum of Care Program and any other local planning, coordinating or assessment activities.**

The Anne Arundel County Mental Health Agency participates in the Continuum of Care and the Homeless Partnership and every avenue of assistance will be researched to uncover new opportunities.

5. **Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.**

(a) Listed below is the data taken on January 27, 2010 for the "point-in-time" Survey in Anne Arundel County.

Table 3-8 – Homeless Point-in-Time Survey, January 27, 2010

HOMELESS POPULATION	SHELTERED		UNSHELTERED	TOTAL
	Emergency	Transitional		
Families with Children	18	20	0	38
Persons in Families with Children	67	67	0	134
Single Individuals and Persons in Households without children	123	14	129	266
Total	**190**	**81**	**129**	**400**
HOMELESS SUBPOPULATIONS	**SHELTERED**		**UNSHELTERED**	**TOTAL**
Chronically Homeless	50		20	70
Seriously Mentally Ill	27			
Chronic Substance Abuse	59			
Veterans	5			
Persons with HIV/AIDS	8			
Victims of Domestic Violence	24			
Unaccompanied Youth (Under 18)	0			

(b) The age of the staff serving clients at AACMHA is currently 30 - 50+. The PATH/SOAR employee, we assume, will be between the age of 30 and 60, any race and any gender.

(c) The Anne Arundel County Mental Health Agency has extensive experience working with individuals who are mentally ill and/or homeless. We approach clients in the most respectful manner.

(d) All of the staff attend training on cultural competency regularly and host seminars on the issue. The Agency Director expects the staff to approach clients with respect and empathy.

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6. **Describe how persons who are homeless and have serious mental illnesses and any family member will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?**

   Every client served will participate in their service plan at the current level. Although the grant will not be used to fund employment of consumers, the AACMHA does have consumers on its board who will be advised of the grant request and the PATH/SOAR project.

   SOAR is a program that emphasizes recovery. Every individual served will be advised of a plan to get them the services they need to become self-sufficient. The WRAP (wellness, recovery action plan) will be used to formalize the consumer's goals.

7. **Provide a budget analysis that details expenses and Agency match:**

POSITION	ANNUAL SALARY	PATH FUNDED FTE	PATH FUNDED SALARY	TOTAL
Path/SOAR Counselor	$31,000	1	**$31,000**	$31,000
SOAR Liaison (35%)	$14,650	0	**$0**	$14,650
Fringe	$7,750	-	**$7,750**	$7,750
Travel/Transportation	$3,000		**$3,000**	$3,000
Computer Equipment	$2,500		**$2,500**	$2,500
Training	$1,000	-	**$1,000**	$1,000
Supplies	$1,000		**$1, 000**	$1,000
Total Direct Costs	$46,250	1	**$46,250**	$46,250
Total Indirect Costs	$1,850		**$1,850**	$1,850
Total Program Income	**$48,100**		**$48,100**	**$62,750**

8. **Indicate at least three outcome goals you will use to measure the effectiveness PATH funded services (State Requirement).**

   1. Obtain housing, income and benefits, earned income where appropriate, medical insurance and primary care for eighty (80).
   2. Increase the number of applications for individuals getting SSI or SSI/SSDI benefits in direct proportion to the number of homeless who participate in the program by at least 75%.
   3. Collaborate with systems throughout the county to service the clients more effectively and build relationships with service organizations and legislators, as well as market and teach SOAR outreach to providers.

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Baltimore City
Intended Use Plan

Baltimore Mental Health Systems, Inc.

Federal Fiscal Year 2010 Projects for Assistance in Transition from Homelessness (PATH)
State FY 2011

INTENDED USE PLAN

1. **Provide a brief description of the provider by organization receiving PATH funds including name and type of organization, services provided by the organization, and region served.**

Baltimore Mental Health Systems, Inc (BMHS) is a non-profit agency established by Baltimore City to perform the governmental function of managing the City's Public Mental Health System. As such, BMHS is the local mental health authority, or core service agency (CSA), for Baltimore City. BMHS' primary activities focus on: improving access to care; expanding and improving the range of services available including housing to Baltimore City residents with a mental illness; and ensuring accountability and active collaborations with city and state agencies. BMHS does not provide any direct clinical services, but does execute its responsibility through oversight, allocation of funds, monitoring, coordination and leadership in the delivery of mental health services. The funds will be used in Baltimore City.

Baltimore City is the 20th most populous City in the nation and the largest City in Maryland, comprising 11% of the State's population. Census data indicate the decades-long decline in the City's population has leveled off over the past several years to about 637,455 individuals.[1] Baltimore City's racial/ethnic distribution is bi-modal with 65% of the population being Non-Hispanic Blacks, 30% Non-Hispanic Whites, and only 5% representing other racial/ethnic groups[2].

Baltimore City is one of the poorest jurisdictions in the state of Maryland with a median household income of $36,949 in 2007, a 2.55% increase from 2006, while the state's median income was $68,080, a 4.5% increase in the same period. The poverty rate in Baltimore City is about 20% for individuals and 15.4% for families[3]. According to the 2006 American Community Survey, 30.5% of individuals diagnosed with a mental disability live below the poverty level. In addition, of the nation's 50 largest cities, Baltimore City's unemployment rate of 11.7% is higher than both the state and nation's unemployment rates of 7.7% and 9.7% respectively[4].

According to the 2009 Baltimore City Homeless Census report, 3,419 homeless individuals were counted on January 22, 2009. This represents a 12% increase from the last census completed in January 2007. Out of the total number reported, 41% of the homeless population counted in Baltimore City shelters were women and 30.5% of them were living in the shelters with their children[5].

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[1] Census Bureau, 2007 Population Estimates
[2] 2006 American Community Survey, US Census Bureau
[3] Census Bureau, 2007 Population Estimates
[4] Bureau of Labor and Statistics, 2010 Estimates
[5] Baltimore Homeless Services Point-in-time Census Report, 2009.

Even though the bi-annual census makes every effort to count everyone in the City, it is still difficult to accurately count the number of homeless individuals. The data on individuals as reported is believed to be underestimated, especially since the homeless population is generally transient. Sixty-six percent of the individuals counted in 2009 lived in shelters, while 25% were classified as "uncertain", and their population has been increasing since 2003. The overall trend in the homeless population indicates annual increases from 2,681 in 2003 to the 3,419 reported in January 2009. In addition, the number of individuals who report being homeless for more that three years increased from 15% to 24% from 2005 to 2007. Thirty-one percent of the individuals are chronically homelessness and also are diagnosed with mental illness and substance abuse disorders.

While Baltimore City represents 11% of the State's population, it represents more than 30% of those who utilize the public mental health system. Of these individuals, 68% of the adults had a severe mental illness while 74% of the children had a severe emotional disorder. Twenty-one percent were diagnosed with a co-occurring disorder. Approximately 12% of those served in the Baltimore City PMHS were uninsured.[6]

2. **Indicate the amount of PATH funds the organization will receive.**

BMHS will receive $335,756 in PATH funding for Federal FY 2010. BMHS will use $48,855 of Federal PATH funds to support an Adult Services Manager (ASM) at on its staff and $2,570 for training purposes. The remainder will be distributed to four local programs as follows:

a. University of Maryland Medical Systems (UMMS), $17,326;
b. Health Care for the Homeless (HCH), $172,169;
c. Prisoner's Aid (PAA), $23,928;
d. Chrysallis House Healthy Start (previously, Women's Transitional Program-WTC), $40,000.
e. LEVEL headed, Inc., $30,908

3. **Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

A. **Projected number of clients** – Three-hundred and Thirty (355) individuals are projected to be served during the grant period. Three-hundred and twenty-nine percent (92.7%) of all projected PATH clients will be literally homeless. Through all programs, 247 (75%) literally homeless clients will be enrolled in services.

The case management worker at UMMS will serve twenty (20) clients.
HCH will provide one hundred-seventy-five (225) persons with homeless outreach services and SSI/SSDI application assistance. HCH will also train 6 staff in the SSI/SSDI Outreach, Access and Recovery (SOAR) functional assessment which assists individuals experiencing homelessness to obtain SSI/SSDI entitlements. Prisoner's Aid Association (PAA) will serve sixty (60) client s and provide them with outreach services and link them to vocational training, activities of daily living, emergency shelter, transitional and permanent housing.

[6] MAPS-MD, based on claims paid through August 31, 2009

The Case Manager at the Chrysalis House Health Start program will provide case management services for twenty (20) pregnant women to include linkage to mental and medical health services, substance abuse treatment, legal services, and transitioning to permanent housing.

The BMHS staff person will assist eighty (80) persons with referral to housing resources including Shelter Plus Care or with securing grants for start up furniture, security deposits, and/or moving costs. Seventy-five participants will receive training.

LEVEL headed will provide oversight, monitoring and technical assistance to homeless service providers. The consultant will also conduct SOAR trainings, assist with strategic planning, evaluation and data collection for the Stepping Stones to Recovery SOAR Initiative, and generate reports to MHA's Office of Special Needs Population, BMHS and Policy Research Associates.

B. List of services to be provided - Services partially funded by PATH federal funds include outreach, case management, training, referrals for individuals transitioning from homelessness, primary health, job training, technical assistance in applying for housing assistance, technical assistance and program evaluation.

Funds will be granted to the University of Maryland Medical Systems Intensive Case Management Program to provide case management support for individuals living on the streets with mental illness. The UMMS case manager will function in southwest, northwest, and downtown Baltimore areas.

Prisoner's Aid Association (PAA) will provide homeless clients with linkage to GED classes, support with activities of daily living, emergency shelter, and transitional and permanent housing. The outreach worker will participate in the Hands in Partnership (HIP) initiative, a coalition of outreach advocates that meets weekly to identify clients, coordinate services, and develop a resource pool.

The funds for Chrysalis House Healthy Start will fund a case management position to provide diagnostic and residential case management services to pregnant and post-partum women and their babies in the program. The case manager will serve Chrysallis House women by linking them to mental health, medical health services, substance abuse treatment, legal services, and assistance to obtain benefits and affordable and permanent housing upon graduation from the program.

Funds will be granted to Health Care for the Homeless for an outreach worker to provide homeless outreach and mental health services. Additionally, Health Care for the Homeless will have two Social Security Income Specialists to assist with the SSI project which provides SSI/SSDI benefit application assistance for individuals experiencing homelessness on the streets and/or in shelters. The SSI Specialists will also promote SOAR training throughout the region and actively work with Hands in Partnership coalition (HIP) to identify and assist eligible homeless individuals obtain SSI/SSDI benefits.

The funds for LEVELheaded will provide monitoring and technical assistance to homeless service providers. Services will also include conducting SOAR trainings and coordinating trainings, assist with local strategic planning for the SOAR initiative, evaluation and data collection for the Stepping Stones to Recovery SOAR Initiative, and generate reports to MHA's Office of Special Needs Population, BMHS and Policy Research Associates

BMHS will retain the remainder of the funding for training and for a staff person who will refer mental health consumers to appropriate housing resources for homeless persons. In addition, help with obtaining grants for startup furnishings, security deposits and/or moving costs from other funding sources will be provided to individuals obtaining independent housing.

C. **Community Organizations that provide key services** - Within Baltimore City, PATH eligible clients receive a full array of mental health services through the Public Mental Health System. Community Housing Associates (CHA), a subsidiary of BMHS, develops and manages affordable housing for persons diagnosed with a mental illness. Health Care for the Homeless (HCH) operates as a Federally Qualified Health Center and provides a full range of services including triage, screening, assessment and treatment for mental illness, addictions and somatic care. Baltimore Crisis Response, Inc (BCRI) provides a 24/7 hotline, mobile outreach and residential crisis beds for individuals including homeless persons who are experiencing a mental health crisis. Department of Social Services (DSS) provides social services including benefits applications to individuals unable to work. In addition, they have a unit that specializes in service procurement for homeless individuals.

In addition, there are two Safe Havens programs to provide transitional housing for 39 individuals experiencing homelessness. Helping Other People through Empowerment (HOPE) provides a consumer run wellness and recovery center for homeless individuals with a mental illness. The center provides its members with linkages to housing, mental health treatment and other community support services, as well as laundry, shower facilities, and food.

D. Gaps in the current service system - The current and anticipated gaps in the system include individuals' ability to obtain immediate housing and substance abuse services when needed. Paperwork and waiting lists too often stand between the client and the service needed. Addictions treatment on demand is not readily available in Baltimore City. There continues to be efforts at both the State and City level to develop the linkages necessary to assure that services for individuals with co-occurring substance abuse and mental health disorders are available and accessible. Leaders from BMHS and our sister agency, Baltimore Substance Abuse Systems (BSAS) serve on each others governing boards and staff are moving toward creating integrated service delivery.

E. Services available for clients who have both a serious mental illness and substance abuse disorder – Clients with a co-occurring substance abuse disorder and mental illness will receive case management through CHHS and homeless outreach services from UMMS, PAA and HCH outreach workers. BMHS will provide referrals for appropriate housing resources.

F. Strategies for making suitable housing available to PATH clients- Suitable housing resources and/or services will be made available through the PATH supported BMHS staff person and the PATH outreach workers at HCH, PAA and UMMS. Housing services provided through PATH funding include meeting with homeless persons to identify housing options, linkage to BMHS' and other Shelter Plus Care units in Baltimore City, and facilitation of the application processes for residential programs. In addition,

BMHS, HCH and PAA participate in Hands in Partnership (HIP), a coalition of homeless advocate agencies in Baltimore City, which is a primary referral source for the City's Housing Choice Voucher program.

4. **Describe the participation of PATH local providers in the HUD continuum of Care Program and any other local planning, coordinating or assessment activities:**

Baltimore Mental Health Systems, as the mental health authority for Baltimore City, participates in the development and execution of the City's HUD Continuum of Care as well as the City's Ten Year Plan to End Homelessness. BMHS is a direct recipient of grants from HUD to provide Shelter Plus Care, two Safe Havens, a drop-in center for homeless persons with mental illness, a Presumptive Eligibility (SSI) program and three (3) outreach, case management and treatment teams. The providers of these HUD funded programs participate in meetings with PATH providers. The meetings review the programs' progress and create an environment for collaboration to improve service coordination and planning for systemic changes.

HIP, a collaboration of homeless outreach advocates, all of which provide outreach and support services to homeless persons living on the streets, meets weekly to coordinate efforts and share resources. HIP is co-chaired by the PATH funded BMHS staff person and a representative from Baltimore Health Care Access (BHCA), the City's organization tasked with securing health insurance for low income and indigent individuals. Members include three HUD funded mental health outreach and mobile treatment teams, Baltimore Homeless Services, Baltimore Health Care Access, Health Care for the Homeless including the housing first program, DSS, BMHS, BCRI, Downtown Partnership, Our Daily Bread Employment Center, HOPE Drop-in Center, the 2 Safe Havens, and the PAA PATH outreach worker. In addition to the weekly meetings with direct service staff, HIP also includes a quarterly meeting with program administrators. The goal of HIP is to identify clients in need, link them with appropriate resources, prevent duplication of services and oversee and plan for improved outreach services to homeless individuals. All participants in HIP enter client level data into the City's HMIS system.

5. **Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.**

Baltimore currently has a population of approximately 637,455 according to the U.S. Census Bureau estimate for 2007. This is approximately 11% of the State's population.[7] Baltimore City has an estimated 3,419 individuals who are homeless on any given night.[8] According to the 2009 Baltimore City Homeless Census, which utilizes a point-in time count and an in-person survey, at least 23% of sheltered homeless individuals are identified as children, and 47% were 45-60 years old. The census found that 59% of the sheltered homeless in the City were men, while 41% were women. In addition, 85% were African-American and 13% were white. Thirty-one percent of all sheltered homeless individuals reported in the Census were chronically homeless and 76% of those were single males while 23% were single women.

[7] Census Bureau, 2007 Population Estimates
[8] 2009 Baltimore City Homeless Census

Currently there are four (4) African-Americans and two (2) Caucasian staff funded with PATH funds.

All providers are encouraged to hire staff and appoint to their boards, both advisory and governing, persons reflecting the population that they serve. The State's Mental Hygiene Administration and Baltimore Mental Health Systems promote cultural awareness through ongoing training and education.

6. **Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded service. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH eligible serve on governing or formal advisory boards?**

BMHS involves consumers and family members in the planning, implementation and evaluation of PATH-funded services through encouraging the PATH funded providers to appoint consumers and family members to their boards. Although no homeless persons currently serve on the BMHS board, membership does include people who have a diagnosed mental illness and family members. Consumers participate and direct their individual services in each of the programs in the City where PATH monies are utilized through their service plan development. HOPE drop in center is a consumer-run organization with a requirement of at least 51% of Board members either receiving or having received mental health services. In addition, many of HOPE's staff were formerly homeless. HOPE participates in BMHS service coordination meetings as requested and in the HIP initiative.

7. **Provide a budget narrative that provides details regarding PATH, Federal and match (i.e., State and local) funds.**

FUNDING CATEGORY	PATH FUNDED POSITION #1 - 0.2 FTE Hours	PATH FUNDED POSITION #2 - .825 FTE Hours	PATH FUNDED POSITION #3 - 0.28 FTE Hours	PATH FUNDED POSITION #4 - 1.00 FTE Hours	PATH FUNDED POSITION #5 - 1.00 FTE Hours	PATH FUNDED POSITION #6 FTE Hour
Position Title	UMMS Outreach	HCH Outreach Specialist	HCH SSI Outreach	HCH SSI Outreach Specialist	HCH SSI Outreach Specialist*	Prisoner's Outreach
ANNUAL SALARY	$69,305	$32,857	$62,704	$42,000.00	$42,000	$43,252
PATH FUNDED FTE	0.2	0.825	0.28	1	1	0.5
PATH FUNDED SALARY	$13,861	$27,107	$17,557	$42,000	$42,000	$21,626
FRINGE	$3,465	$7,905	$0	$12,600	$10,500	$2,302
TRAVEL	$0	$0	$0	$1,000	$1,000	$0
EQUIPMENT	$0	$0	$0	$2,000	$2,000	$0
CONTRACTUAL	$0	$0	$0		$0	$0
CONSTRUCTION	$0	$0	$0		$0	$0
OTHER, i.e. Housing Asst.	$0	$0	$0		$0	$0
TOTAL DIRECT COSTS	$17,326	$35,012	$17,557	$57,600	$55,500	$23,928
TOTAL INDIRECT COST	$0	$0	$0	$0	$0	$0
TOTAL PROGRAM INCOME	$17,326	$35,012	$17,557	$57,600	$55,500	$23,928

Chart 1 of 2

PATH FUNDED POSITION #7- .875 FTE Hours	PATH FUNDED POSITION #8- .4 FTE Hours	PATH FUNDED POSITION #9 - .75 FTE Hour	PATH FUNDED POSITION #10 -.28 FTE Hour	OTHER PATH FUNDED SERVICES	BALTIMORE CITY TOTAL
Chrysallis House Healthy Start (Previously WTC) Case Management	LEVELheaded Contract./Consult	BMHS Staff Person	HCH Supervisor	Training	
$45,714	$48,603	$48,798	$50,000		$485,233
0.875	0.4	0.75	0.28		
$40,000	$27,408	$36,599	$5,000	$2,570	$275,728
$0	$0	$9,256	$1,500	$0	$47,528
$0	$3,500	$0	$0	$0	$5,500
$0	$0	$0	$0	$0	$4,000
$0	$0	$0	$0	$0	$0
$0	$0	$0	$0	$0	$0
$0	$0	$0	$0	$0	$0
$40,000	$30,908	$45,855	$6,500	$2,570	$332,756
$0	$0	$3,000	$0	$0	$3,000
$40,000	$30,908	$48,855	$6,500	$2,570	$335,756

Chart 2 of 2

The total PATH funds of $320,053 are matched by state funds of $1,388,980 that consist of eight state block grant purchase of service contracts that support homeless individuals and families.

8. **Indicate at least three outcome goals you will use to measure the effectiveness of PATH funded services:**

In order to measure the progress the programs are making during the year, BMHS will require submission of quarterly reports which track the number of homeless clients encountered and served, demographic information, the incidence of substance abuse and mental health issues, and the types of services provided.

The funds for HCH will be used to serve a total of 225 individuals for the year. Out of the total HCH clients, one-hundred (100) clients will receive homeless outreach services, while 125 will be assisted through SOAR activities. HCH will train six (6) staff in the SOAR

functional assessment, conduct 2 statewide trainings in improving documentation of disabilities, organize and facilitate monthly SOAR implementation meeting as well as organize 4 quarterly meetings with local providers regarding the barriers to accessing benefits faced by individuals experiencing homelessness to improve the SSDI/SSI application process.

HCH Outreach and Social Security Income Specialists staff will assist about 80% (100 clients) of eligible SOAR applicants to obtain entitlements. The SSI Specialist will also attend HIP meetings to provide assistance on connecting individuals experiencing homelessness to services and to SSI/SSDI entitlements.

The Chrysalis House Healthy Start funded case manager will serve 20 clients during the program year. All 20 women will receive intensive case management services, comprehensive assessment and an individualized treatment plan. The case manager will link 85% of the women to services, entitlements and other benefits while they are enrolled in the program.

Prisoner's Aid Association will use the funds to provide 60 individuals experiencing homelessness with outreach services with 20% of them being enrolled in GED programs. PAA will also attend the weekly HIP meetings to provide assistance to HIP clients in need of homeless services and linkage.

The case manager at UMMS will provide case management services to 20 homeless clients during the program year. At least ten persons or 50% will be linked to mental health services.

LEVEL headed will provide a report indicating technical assistance provided to the HCH-and other SOAR programs. The technical assistance support will also include producing a report on the evaluation and up-to-date data on both programs. The consultant will also conduct atleast four 2-day SOAR trainings in coordination with MHA.

The BMHS PATH funded staff person will assist in providing referrals to housing resource agencies as well as providing grants for moving costs, furniture, and/or security deposits to individuals moving into independent housing. In addition, this staff person will continue to chair the weekly homeless meetings at HIP and report on the progress of the HIP initiatives to provide permanent housing to individuals experiencing homelessness.

Baltimore County
Intended Use Plan

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) INTENDED USE PLAN
FEDERAL FISCAL YEAR 2010/ STATE FISCAL YEAR 2011

BALTIMORE COUNTY -Intended Use Plan

1. **Provide a brief description of provider organization receiving PATH funds, including name, type of organization, services provided and region served.**
   The Baltimore County Bureau of Behavioral Health/Core Service Agency receives the PATH funds and contracts with the Prologue, Inc. Homeless Outreach Program to provide direct services to persons who are homeless and have mental illness/substance abuse problems. Prologue, Inc. is a private, non-profit agency located in Baltimore County, Maryland. The PATH grant serves people who are homeless and have a mental illness in Baltimore County, Maryland. Services provided include, outreach, case management, referrals to needed community services, and assistance with locating permanent housing. Baltimore County is comprised of suburban and rural areas with 614 square miles forming a horseshoe around Baltimore City. The Baltimore County Homeless Management Information System reported in FY 09 that 2,714 adults and 383 children were homeless in Baltimore County. 25% of those adults reported mental health issues as a primary or secondary reason for becoming homeless

2. **Indicate the amount of PATH funds the organization will receive.**
   The Baltimore County Bureau of Behavioral Health/Prologue Homeless Outreach Program will receive $96,200 for PATH eligible services. In addition to the PATH funding through the Maryland Mental Hygiene Administration, the Baltimore County Bureau of Behavioral Health/Core Service Agency (CSA) provides $50,000 in funding.

3. **Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH consumers, including:**
   a. **Projected number of clients to be served in FFY 2010 / SFY 2011.** 150 clients will be served through the PATH program; 75 of those clients will be enrolled. 100% of the individuals served are literally homeless; either living outdoors or in shelters and have a mental illness.

   b. **List services to be provided using PATH funds.** Currently, Prologue operates an outreach site in Towson two (2) days per week to provide homeless citizens access to a shower, clothing, phones, laundry facilities and case management linkage and other essential services. The Prologue Homeless Outreach Team (PATH case managers) provides outreach, screening and referrals, intensive case management, referrals to identified needed services, matching individuals with appropriate permanent housing, support in obtaining and keeping housing and training to shelter staff in mental health issues as requested. In addition, referrals for primary health

services, job training, education and relevant housing services are provided.

c. **Community organizations that provide key services (e.g. primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations.** To address homelessness, a seamless and coordinated approach to the development of services is crucial. As a result, PATH eligible clients receive integrated services through many providers. Baltimore County Department of Social Services provides cash assistance, Section 8 housing certificates, Mod-rehab housing, assistance in locating housing, transitional shelters, domestic violence shelters, short term and long term shelters and permanent housing programs (including Hannah-More, Nehemiah, INNterim, East side & West side shelters, etc.).

Multiple mental health providers in the Maryland Public Mental Health System are utilized for mental health treatment of PATH participants. These include but are not limited to outpatient clinics, residential rehabilitation programs, psychiatric rehabilitation programs, inpatient hospitalization and crisis stabilization, substance abuse and vocational rehabilitation services (e.g. Providers may include: Mosaic Community Services, Prologue, Alliance, Key Point, Franklin Square Hospital and Northwest Hospitals, etc.). The Prologue Homeless Outreach team frequently collaborates with the Baltimore County Crisis Response System for emergency mental health support through the operations center, mobile crisis team and urgent care clinic.

Substance use programs (Baltimore County Bureau of Behavioral Health, Epoch Counseling, and Friends Counseling) are used as a treatment resource for persons who also have addiction issues. The local detention center, Development Disabilities Administration and Division of Rehabilitation Services routinely interface and provide services to PATH eligible clients. The Division of Rehabilitation Services provides vocational training and rehabilitation and employment services to PATH clients. The Baltimore County School System assists in identification and continued education with homeless children. Local churches operate soup kitchens, food pantries and give monetary donations and clothing.

Regular meetings are held with these providers to discuss issues of homelessness, collaborate on client treatment needs, and further develop the homeless continuum of care.

d. **Gaps in current service system**

- Based on the FY 10 point in time survey, 890 people are homeless in Baltimore County. The demand for emergency shelter is high, but the supply of available slots is extremely low. The shelter system operates at nearly a 100% daily occupancy. As a result, many people are not able to access emergency shelter services and end up living on the streets.

Prologue's Path Program has 1.9 budgeted staff persons to serve the homeless on the streets and in the shelter system.

- Locating affordable housing in Baltimore County continues to be a critical problem. Rent is very high in Baltimore County and the number of apartment complexes willing to accept Section 8 vouchers has diminished. The number of affordable units has continued to drop each year while the demand has continued to increase. Because of the high number of clients who are unable to locate permanent housing (for reasons stated above); these clients are still served by the PATH team.

- PATH clients typically have medical, psychiatric and substance abuse needs. Because they lack health insurance, they are frequently unable to access the traditional medical and mental health system. Many mental health providers are not willing to accept uninsured clients into their programs.

e. **Services available for clients who have both a serious mental illness and substance use disorder.** According to the Centers for Mental Health Services and Substance Abuse Mental Health Services Administration, there is recognition that mental illness and substance abuse (and homelessness) cannot be addressed by a single service system. Services should be integrated, comprehensive and include partnerships. As a result, Prologue works closely with the Baltimore County Health Department's Bureau of Behavioral Health and numerous private providers of mental health and substance abuse services. Prologue specifically links clients to providers who operate co-occurring treatment programs where mental health and substance abuse treatment is integrated (e.g. co-occurring treatment services such as MISA programs (mentally ill substance abuse) programs are utilized. Referrals are made to Alliance and Mosaic (through the mental health system), and Eastern Regional and Northern Regional (through the substance abuse system). Furthermore, the Baltimore County CSA participates on the Maryland Legislative Task Force for *The Needs of Persons with Co-Occurring Mental Illness and Substance Use Disorder.*

f. **Strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).** The PATH provider works closely with the Baltimore County Department of Social Services, local apartment complexes (such as Henderson Webb, Sawyer Realty, Priority Properties, Town & Country, etc.) and private landlords to facilitate appropriate housing choices for PATH consumers. Housing services that are funded through the PATH program include but are not limited to: case management assistance in locating housing, completing housing applications, addressing prior landlord issues, restoring credit histories, locating and securing deposits, locating start-up funds, arranging for the first months rent, and advocating for the client with landlords, human service agencies as well as agencies providing housing.

4. **Describe the participation of PATH local providers in the HUD Continuum of Care Program and any other local planning, coordinating or assessment activities.**

The Baltimore County Communities for the Homeless (BCCH) is charged with the planning, development and funding of homeless services in Baltimore County. The BCCH is comprised of providers of homeless services, funding agencies, homeless clients and faith-based organizations. The CSA and the Prologue Homeless Outreach Program actively participate on the BCCH to represent the needs of consumers who are homeless and also have a mental illness. Furthermore, we participate on the BCCH subcommittees to collect information from agencies to determine the types and funding resources available for people who are homeless in the county. This information is used in the planning of the HUD Continuum of Care.

In addition to the BCCH, The Prologue Homeless Outreach Program Director participates on numerous workgroups and committees to increase collaboration and coordination with the network of homeless providers. The Prologue's Homeless Outreach Program Director has served as President and is currently on the Board of Directors of the BCCH. In addition the Homeless Outreach Director participates in a Forensic Workgroup that deals with issues and problems in the county detention center affecting psychiatrically disabled individuals. Participants in these workgroups/committees include representatives from the Department of Social Services, Mental Hygiene Administration, Department of Probation and Parole, Police Department, Shelter, Detention Center, Department of Aging, Housing Commission, Bureau of Behavioral Health, homeless providers, churches, etc.

5. **Describe: (a) the demographics of the client population; (b) the demographics of staff serving the clients; (c) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.**

(a) Residents of the county primarily work in service industries and government. According to 2000 census figures, the county has a total population of 754,292; 79% Caucasian, 18% African American and about 2% Asian. There are 396,945 females and 357,347 males. The number of individuals receiving medical assistance was approximately 48,252 or about 6.7% of the population in 1998. It is estimated that 94,094 people were considered uninsured (April, 2000 Selected Statistics-Baltimore County Health Dept.). Attached are demographics for the homeless population based on HMIS reports for FY 2009. The PATH grant will serve residents located in Baltimore County. (b) The current direct service staff is culturally diverse and reflective of the consumers served through PATH. 1.6 FTE of direct service staff is African American. (c) Prologue staff has been well trained in ethnic/racial sensitivity as well as other cultural diversity issues. (d) Training is provided annually both internally and externally in these areas. The Maryland Mental Hygiene Administration sponsors an annual training on Cultural Competency. Local training is provided to enhance the staffs' skills in cultural awareness, language and interaction styles.

6. **Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?**

Prologue, Inc. has a Consumer Advisory Committee that receives feedback from consumers currently participating in services at Prologue. Two individuals who were homeless served on this board. This feedback is then forwarded to the Prologue Board of Directors, CEO and Program Directors for the purposes of planning and service modifications.

Implementation- All PATH consumers are expected and encouraged to take an active role in their treatment and placement. Services are client-centered, client driven and are based on the consumers' needs and goals while acknowledging their basic rights and dignity. Participation from families is encouraged and based upon the wishes of the client.

Evaluation- A satisfaction survey is completed annually to receive feedback from consumers regarding current services and suggestions for future programming. This data is summarized and included in Prologue's Homeless Outreach Annual Report. This material is forwarded to the Core Service Agency for review as well as distributed to clients and funding sources for their feedback. Prologue actively seeks the support and feedback from the

local mental health authority.

Prologue currently employs one person who was served in the PATH program.

7. **Provide a budget narrative that provides details regarding PATH Federal and match (i.e., State and local) funds.**

POSITION	ANNUAL SALARY	PATH FUNDED FTE	PATH FUNDED SALARY	TOTAL
Program Director	$0	0.40	$25,329	$25,329
Senior Case Manager	$9,604	1.00	$31,515	$41,119
Case Manager	$15,306	0.50	$0	$15,306
Case Manager	$6,531	0.20	$0	$6,531
Case Manager Associate	$6,365	0.34	$0	$6,365
Fringe (25%)	$8,692		$15,623	$25,565
Travel	$0		$2,500	$2,500
Equipment	$0		$100	$100
Utilities	$0		$3,500	$3,500
Supplies	$0		$1,650	$1,650
Maintenance and Repairs	$0		$2,500	$2,500
Communications	$1,802		$3,498	$5,300
Staff Development	$0		$100	$100
Legal/Accounting/Audit	$0		$1,539	$1,539
Client Activities	$1,700		$3,300	$5,000
Insurance	$0		$1,046	$1,046
Other (Management Fee)	$0		$4,000	$4,000
Total Direct Costs	$50,000		$96,200	$146,200
Total Indirect Cost	$0	-	$0	$0
TOTALS	$50,000	2.44	$96,200	$146,200

8. **Indicate at least three outcome goals you will use to measure the effectiveness of PATH funded services (State Requirement).**

8. **Indicate at least three outcome goals you will use to measure the effectiveness of PATH funded services (State Requirement).**
   - 150 Adults and or families will be served -- 75 Adults and or families will be enrolled and receive PATH services; another 75 will be outreached.
   - 90% of enrolled clients will have a service plan within 30 days.
   - 45% of clients enrolled will be placed in permanent housing.
   - 90% of enrolled clients will be connected to mental health/substance abuse community services.

Description of Services Provided by the Baltimore County PATH Grant

The PATH grant supports Baltimore County citizens who are homeless, have a psychiatric disability and are staying in a Baltimore County emergency or domestic violence shelter or living on the streets.

Prologue will provide services under the PATH grant as it relates to: outreach, engagement, screening, case management (locating, monitoring and support for housing, mental health, substance use, primary healthcare, job training, linkages to entitlements and resources), referrals and training to shelter staff on mental health issues. Other services will be provided as needed.

Prologue will provide services/expenditures under the PATH grant, for eligible persons, for the following:

- Transportation tokens and transportation by the case manager
- Obtaining identification cards, birth certificates, and other means of identification
- Blankets, food, clothing (i.e. coats, socks, shoes, gloves, hats, etc.), and medications.
- Personal need supplies to shower/bathe and do laundry at outreach site.

Prologue will provide services/expenditures on behalf of PATH enrolled individuals for Housing Services, which include:

- Assistance with all or part of security deposit and first month's rent
- Rental application fees
- Furniture, appliances, and furnishings (i.e. blankets, sheets, beds, plates, utensils)
- Minor renovation, expansion and repair of housing
- Technical assistance in applying for housing assistance
- One-time rental payments to prevent eviction
- Housing services may include reasonable allowable expenditures to satisfy outstanding client debts identified in rental application credit checks which would otherwise preclude successfully securing immediately available housing